

GENERAL SYNOD

Clergy wellbeing

A Background Paper from the Archbishops' Council

Introduction

1. GS 2072 invites the whole Synod to acknowledge a shared responsibility for the wellbeing of the clergy of the Church of England, to commit to some form of benchmark and to work towards a Covenant for Clergy Wellbeing. Amongst the tasks that would be taken up by a Working Party, would be the articulation of what wellbeing looks like in a Church context.
2. There is a surfeit of information and guidance about 'wellbeing' on publicly available sources and there are Church and para-Church organisations with knowledge, resources and expertise. Synod members will, amongst their number, include many with experience of supporting the health and wellbeing of others and of themselves needed support.
3. The NCIs have been conducting research, engaging with clergy, dioceses, clergy charities and external organisations in order to develop a strategic approach to clergy wellbeing. This paper provides a broad overview of the current themes and practical approaches to wellbeing that have been identified to provide a framework to support discussions on a topic which can be sprawling.

The concept of wellbeing

4. A basic measure of subjective wellbeing is happiness, sense of life satisfaction and enjoyment. A sense of meaning, purpose and value comes under the umbrella of psychological wellbeing and is most related to the field of mental health. A broader conception of wellbeing is that of quality of life, where wellbeing is conceived as multi-faceted extending beyond psychological aspects to other areas of life, including work.
5. The Health and Safety Executive (HSE) has identified work related stress, anxiety and depression and musculoskeletal as its three priority health topics to be tackled nationally. The HSE defines stress as: "The adverse reaction people have to excessive pressures or other types of demand placed on them". Common causes of stress are: issues with the management and leadership; excessive workload and unrealistic expectations; not enough support from colleagues and job insecurity.
6. Disabled people live and work in a society organised around non-disabled people. Socially, disability is not the impairment disabled people live with, but the barriers, false assumptions and exclusion they face. They can be 'disabled' by the social context in which they live and work. This highlights the fact that there is a direct correlation between wellbeing and justice, not just for disabled people but for all members of the population

7. According to the mental health charity, Mind, 1 in 6 workers (1 in 4 of the general population) is dealing with anxiety, depression or stress and 40 per cent of employers view workers with mental health problems as a 'significant risk'. The majority of employers have no mental health policy to help staff sustain good mental health, despite the fact that work related stress accounts for 37% of all ill health and 45% of all working days lost. According to MIND, 1 in 5 workers have called in sick due to stress but 95% gave a different reason for their absence from work.
8. At the same The Chartered Institute of Personnel and Development (CIPD) describes the approach that an organisation can take to support wellbeing of those working within it as one that creates: 'an environment to promote a state of contentment which allows an employee to flourish and achieve their full potential for the benefit of themselves and their organisation". This has clear implications for the arrangements that the Church has for fulfilling its mission effectively.
9. The issue for society is that the span of working life means that we are living longer but not necessarily healthier. Ageing is linked to most common diseases, however a third of the total burden of disease and disability in the UK is linked to people's lifestyle behaviours. Cancer, coronary heart disease, stroke and diabetes will rise over the next 20 years because they are linked to obesity. There is a high degree of commonality nationally in the wellbeing issues that affect people. It is widely acknowledged that prevention is key. Living healthily in midlife can double chances of being healthy at 70 and beyond but currently, 42% of adults in midlife are living with at least one long-term health condition.
10. The financial cost to society of worklessness and sickness absence as £100 billion a year. Even if we are free of disorder and distress, this is not the same as living life to the full and developing to the peak of our capacity. We all have 'mental health' on a continuum. There is increasingly a recognition that managing ill-health, whilst being a vital baseline activity is not enough. The narrative is moving from a clinical conception of mental health issues to the promotion of positive wellbeing as espoused by proponents of 'positive psychology'.
11. Work is a microcosm of society and the employers, government and individuals are increasingly being seen as having a shared enterprise as part of a 'total worker health' strategy. Given that people of working age spend 37% of their waking hours for around 40 years of their life at work, the workplace plays an important part of overall wellbeing, positively and negatively. Furthermore the workplace is increasingly being seen as a place where large numbers of people, and those most at risk of disease, can access education to reinforce healthy behaviour for themselves and their families.
12. Behaviour emerges from interactions between three necessary conditions: psychological or physical ability to enact the behaviour (opportunity); reflective and automatic mechanisms that activate or inhibit behaviour (capability) and physical and social environment that enables the behaviour (motivation). Taking a holistic approach to clergy wellbeing includes being proactive rather than reacting to health issues and developing emotional literacy.
13. Learnings from those that have successfully implemented wellbeing strategies attest to the value of looking at wellbeing holistically. Recurrent themes of good practice include:
 - A vocal commitment from the leadership;

- A clear articulation of what 'wellbeing' means and looks like in the particular context;
- The legal, moral and business case for supporting wellbeing are set out;
- Individuals are engaged, bought-in take personal responsibility;
- A strong foundation of a culture of respect;
- Good basic health risk management;
- Addressing barriers to inclusion;
- Both processes and culture are addressed;
- Roles and responsibilities are defined;
- A strategic, risk based and integrated approach.

Wellbeing in a Church context

14. Various studies have examined factors contributing to wellbeing at work. Specific to clergy, Bloom et al.'s 'Flourishing in Ministry Project' bases its theoretical framework around hedonic wellbeing (daily happiness) and eudaemonic wellbeing (thriving) and points to factors relating to the two categories of relationships and role (ref.).
15. Ministry Division has been conducting research that may well contribute to an understanding of clergy wellbeing. Firstly; the Church of England Experiences of Ministry Survey (EMS), in collaboration with Kings College, London, has assessed clergy wellbeing in four ways: emotional exhaustion and depersonalisation (two measures of burnout); general physical health; and psychological detachment. Secondly; the Living Ministry research, which aims to track the four cohorts of clergy over an initial period of 10 years, is in its first wave of data collection.
16. The EMS, reaching a nationally representative sample of ordained ministers, and now in its 4th phase, has found that Clergy, as an occupational group, appear to report higher levels of emotional exhaustion than many other professional groups. They also appear to report lower levels of depersonalisation. However, the number of published reports are limited and we only have a partial picture of the experience of other professions. Perhaps the most important benchmark is the clergy population itself, year on year. Whilst the national sample suggests some stability the rise in reported levels of emotional exhaustion amongst the EMS cohort warrants continued attention
17. An outcome of the Living Ministry research is that we will gain a better understanding of the factors that enable ordained ministers to flourish in ministry. This first wave of the research focusses on collecting demographic information and data about personal flourishing (wellbeing) of the participants, based on a framework for clergy wellbeing arrived at in collaboration with the Remuneration and Conditions of Service Committee. Wider knowledge about wellbeing combined with analysis of qualitative data from interviews with ordained ministers revealed the following domains:
 - Health (physical, mental and emotional);

- Relationships (ecclesial, family, congregations, parishioners, colleagues and friends);
- Material and financial resources (including housing and household income);
- Agency and structures (for example equality, benefice structures and capacity to participate in diocesan or parachurch networks);
- Vocation (vocational clarity, authenticity and spiritual and professional growth).

18. So far, analysis has revealed a broader, and in some ways more complex narrative, of wellbeing than those presented in other wellbeing-at-work approaches. For clergy, the boundaries of work (ministry) are not clearly defined in time, space, activity or relationship. Moreover, as is to be expected, spirituality is clearly prominent in the ministers' narratives, with theological discourses around concepts such as sacrifice and failure influencing their understanding of wellbeing.

19. Church structures positively support clergy in a number of ways. As office holders they are self-directed and not line managed, something that creates a valued and valuable sense of autonomy. However, this also carries a risk of isolation and means that the safety net that the presence of a good line manager can provide in an employment context is not available to clergy: the archdeacon is not analogous to a line manager. There is added complexity when the 'workplace' is also the home and in the blurring of boundaries between ministerial life and personal life and that the expectation of parishioners can sometimes be overwhelming.

20. The Committee for the Ministry of and among Deaf and Disabled People has identified that working in a disabling rather than an enabling church or Diocese can frustrate even the most gifted of disabled clergy and result in exclusion. Their situation often highlights many pressures which may otherwise be invisible to others. The ministry of disabled ministers, whether lay or ordained, can increase the wellbeing of others as their lived experience and its insights can enrich the understanding of the gospel.

21. The Committee for Minority Ethnic Anglican Concerns has reported similar issues in regards to the experience of BAME clergy. The disabling and non-inclusive structures, attitudes and behaviour must be tackled and eliminated if we are to increase the wellbeing of all clergy.

22. Wellbeing frameworks take a whole person systems approach to retaining a person at peak performance and enable them flourish. Having a framework upon which to map wellbeing related activities helps make what can be a huge area manageable and enables gaps to be identified. The NCIs have used the framework developed in relation to the Living Ministry research to map the locus of responsibility and provision around clergy wellbeing.

23. Whilst a component of wellbeing might find a natural home in one role, place diocese or parish, it is unlikely that 'doing something' about wellbeing in that area can happen in isolation or that failure to address one component of wellbeing will not impact other. Whilst wellbeing is not something that can or should be done by an institution to an individual and, as GS 2072 proposes, clergy need to take responsibility for their own wellbeing, the nature of ministry calls for a shared enterprise around clergy wellbeing. The components of wellbeing that have been identified are interrelated and the

challenge for the Church is to turn that into action through a coordinated, planned and sustained approach. More resources to support this can be found at:

www.ministrydevelopment.org.uk/living-ministry-research

www.wellbeingcharter.org.uk

www.mindfulemployer.net

www.mind.org.uk

www.health4work.nhs.uk

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